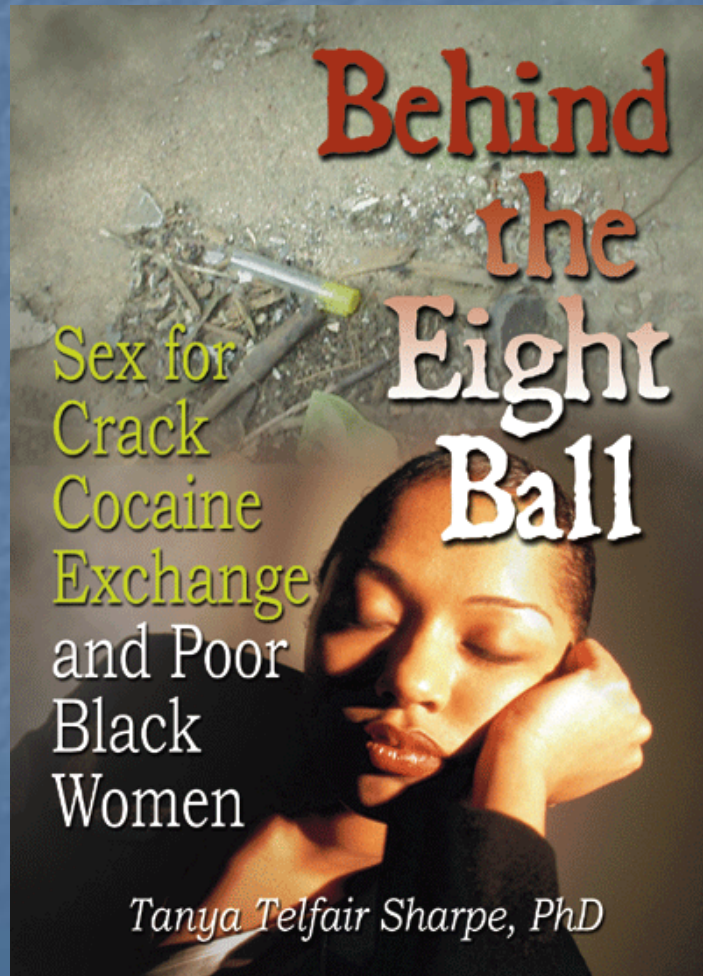


“The baby I am carrying now, I don’t know who the father is. There are a few (men) I had sex with around the time I got pregnant, that day. But which one it is, I don’t know who.” [from 1998 interview]



Sex for Crack Cocaine Exchange and Poor Black Women: Structural Issues Shape Personal Choices

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Data Source: Project Crack and Pregnancy (CAP)

- National Institute on Drug Abuse funded study at Georgia State University, Atlanta, GA
- Self-reported characteristics and behaviors of poor black women crack users age 18-50 yrs
- Face-to-face interviews by trained interviewer
- Interviews conducted: June 1998 - June 1999
- Quantitative and qualitative assessments
- Of 52 crack users screened, 46 reported exchanging sex for crack ≥ 1 per week

Objectives

- To ascertain the consequences of exchanging sex for crack cocaine
 - HIV and other STDs
 - Pregnancies
- To ascertain reasons for reproductive decisions and reasons for risk
- To link findings to socially and economically structured constraints for poor black families and in particular poor black women

Women are
addicted in
record
numbers. Sex
for crack
dominates
habit support.
Increases
Risk for HIV

Masses of people have
become addicts or dealers.

Crack cocaine's introduction to inner cities filled a
void in economic opportunities for poor black men.
Inner city neighborhoods are now centers of crack
production, distribution
and consumption.

Social Forces: Poor black male disengagement from participation in
family life. Relaxed sexual codes influenced teen-age pregnancies.
Single parent, female headed households become the dominant family
structure. Multi-generation teen pregnancy decreases maturation time
before assuming adult roles.
Out migration of middle and working classes.

Economic Forces: Restructured American economy eliminates jobs in the manufacturing
and agricultural industries. This trend reduced capacity for poor black men to function as
family bread winners.

Black Female Gender Roles Bear the Legacy of Slavery

- During Slavery - Sexual Exploitation-"universal accessibility"
 - Sexualized Identity
- Dichotomy of Stereotypes based on proximity to dominant culture
 - Whore/Temptress – highly sexual, threatening, dominant
 - "Mammy"- asexual, unattractive, nurturing, dominant
- Reduction in power/self determination
- Post Slavery -Unequal opportunities based on knowledge of dominant culture
 - Quasi-black class structure
 - Relative advantage mediates power deficits

Selected characteristics among 46 poor black female crack users who exchanged sex for crack

MEAN AGE (range 18-47)	35 years of age
MEAN EDUCATION (range 7-16)	11 years of schooling
INCOME	< \$5000 per year 96% \$5000-10,000 per year 4%

Women Experienced Difficult Lives Before Crack Addiction

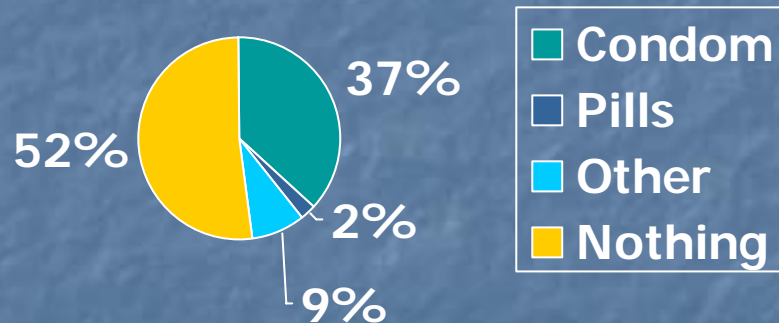
- Traumatic Childhood
 - Abuse, Abandonment, Neglect
 - Born to unmarried teen mothers
- Parents Substance Use
 - Alcohol and drugs
- Truncated Education
- Dead-end Jobs
- Strained Relationships with Men
 - Stable relationships difficult to achieve and maintain

Life After Crack's Introduction in Inner City Neighborhoods

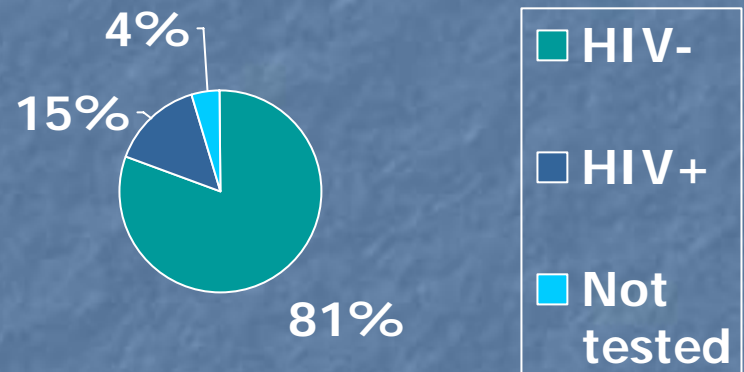
- Crack economy – employer of young men
 - “Dope boys”
- Demographic changes
 - Stable families move out
- Dealer competition leads to violence
 - Neighborhood decay and safety declines
- Crack houses appear
 - Strangers appear in search of drugs and cheap prostitution

Birth Control Methods and HIV Status N=46

Birth Control Methods Used When Exchanging SFC

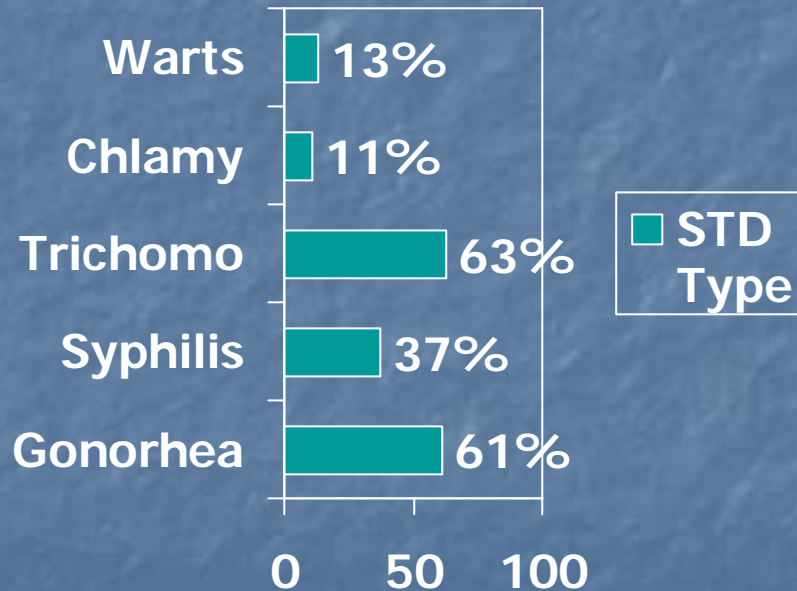


HIV Status

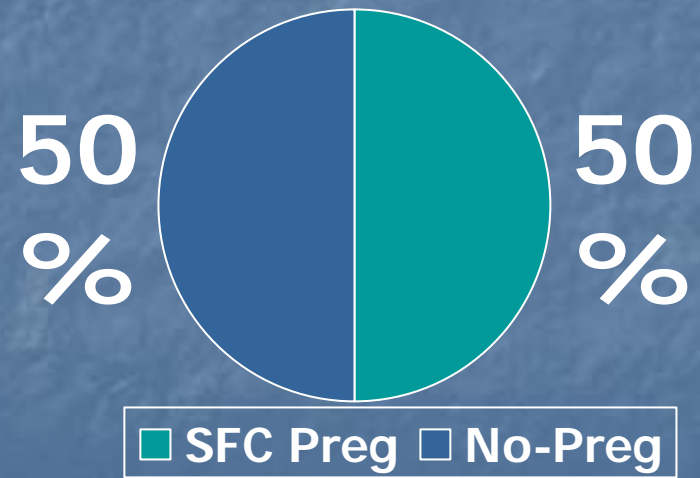


Sexually Transmitted Diseases and Sex for Crack Pregnancies N=46

STDs Among Study Group



Women Reporting Sex for Crack Pregnancies



Sex for Crack Pregnancy Outcomes

	Frequency	Percent	Cumulative%
Live Birth	17	42%	42%
PregNow	5	12%	54%
Stillbirth	2	5%	59%
TubalPreg	3	7%	66%
Miscarry	7	17%	83%
Abortion	7	17%	100%
Total	41		

Qualitative Assessment: Reasons for Not Using Condoms When Exchanging Sex for Crack

- “I didn’t use condoms every time because I didn’t have them. They cost and the cost would take the money away from buying my crack. ...Most of the time I would have vaginal sex without a rubber. ...”

(a respondent)

- “You don’t be thinking that I might get pregnant or that he might have the clap. You only think about ‘come on, so I can go and get my rock!’ ” (a respondent)

Qualitative Assessment: Why Women Choose Giving Birth

■ Severity of Crack Use

- “It wasn’t planned for me to keep the baby. ...I was supposed to be having an abortion. But by me smoking crack every day, I just couldn’t seem to get myself to the doctor.” (a respondent)

■ Religious beliefs

- “I was f—cking everything and not using no condoms. I had the baby because I am Baptist and I don’t believe in killing. ... I don’t know who the daddy is.” (a respondent)

Qualitative Assessment: Why Women Choose Giving Birth

- Low expectations for father involvement in life of child
 - “I don’t even know what it means to be a good father.” (a respondent)
 - “My brothers, all us got different daddies. I have two brothers by my mom. I don’t know if I have any brothers or sisters by my dad. ... I lived with my grandmother. She raised us. ... They just hooked up and had babies, made me or whatever”.
(a respondent)

Case Studies

- April – worst scenario
 - Entire family used crack
 - Sister sold 3 and 4 year old nieces to HIV+ man
 - All children removed from home by state
 - Family deaths from AIDS
- Amy – abandoned by alcoholic mother
 - Molested in foster homes
 - Runaway at age 13, taken in by pimp
 - Began crack use at age 18 when mother rejected her again

Case Studies

- Kathy – product of teen pregnancy, alcoholic mom
 - Dropped out of school in 9th grade
 - Confusing family life
 - Raped by husband
 - Delivered baby in crack house
- Dena – product of teen pregnancy
 - Molested at age 6
 - 3 sex for crack pregnancies
 - Mother has custody of 2 children
 - Pregnant when interviewed

Limitations

- Small sample size
- Sample may not be representative of poor black female crack users
- Data are self-reported and may be subject to recall bias

Conclusions

- Exchanging sex for crack increases risk of STDs, HIV and unplanned pregnancies
- Sex for crack pregnancies result in the birth of children
- Women in the sample were not empowered to make reproductive decisions
 - Disconnect between having children and raising them
- Lives exemplify history of social and economic disadvantage

Public Health Recommendations

- Pregnancy awareness and reproductive decision making education should be included in drug treatment for women who exchange sex for crack
- HIV/AIDS and other STDs prevention education should be included in routine health care for all women
- Child protection cases in which the mother is a known crack user, a thorough investigation into the child's background is recommended